



SS # 000-00

UI LO #: 12
UI Acct. #:

DETERMINATION

|||||
SARAH V JAMIESON
5825 HIGHLAND TER
MIDDLETON WI 53562-1922

Issue Week: 02/14	Applicable
Week Ending: 01/11/14	Wisconsin Law: 108.04(2)(H); 108.04(12)(F)

FINDINGS AND DETERMINATION OF THE DEPUTY:

THE CLAIMANT IS RECEIVING SOCIAL SECURITY DISABILITY PAYMENTS.
THE CLAIMANT CANNOT RECEIVE SOCIAL SECURITY DISABILITY PAYMENTS AND
UNEMPLOYMENT INSURANCE BENEFITS CONCURRENTLY.

EFFECT

BENEFITS ARE DENIED WHILE THE CLAIMANT IS RECEIVING SOCIAL SECURITY
DISABILITY PAYMENTS.

IF YOU ARE NO LONGER RECEIVING SSDI, YOU MUST PROVIDE DOCUMENTATION
OF THIS FROM THE SOCIAL SECURITY ADMINISTRATION.

IF YOU ARE NO LONGER RECEIVING SSDI, CALL 1-414-435-7069. YOU MUST PROVIDE
DOCUMENTATION OF THIS FROM THE SOCIAL SECURITY ADMINISTRATION.

THIS DECISION RESULTS IN AN OVERPAYMENT OF \$2,611.00, OF WHICH \$337.00 IS
INCLUDED IN THE OVERPAYMENT AMOUNT SET FORTH BY FORM UCB-37, NOTICE OF
BENEFIT OVERPAYMENT.

THE CLAIMANT IS REQUIRED TO REPAY \$ 2274.00 AS A RESULT OF THIS
DECISION. REPAYMENT INSTRUCTIONS WILL BE MAILED TO THE CLAIMANT
AFTER THIS DECISION IS FINAL.

THE DEPARTMENT WILL WITHHOLD BENEFITS DUE FOR FUTURE WEEKS OF
UNEMPLOYMENT TO OFFSET OVERPAYMENTS OF UI AND OTHER SPECIAL BENEFIT
PROGRAMS FROM THIS STATE, FROM ANOTHER STATE, OR FROM THE FEDERAL
GOVERNMENT.

CONTACT THE UNEMPLOYMENT INSURANCE DIVISION, COLLECTIONS UNIT,
PO BOX 7888, MADISON WI 53707, TO ESTABLISH AN AGREEMENT TO REPAY THE
OVERPAYMENT.

RECOVERY OF THE OVERPAYMENT IS NOT WAIVED UNDER S. 108.22(8)(C) BECAUSE THE

DEPUTY	DATE MAILED	DECISION FINAL UNLESS A WRITTEN APPEAL IS RECEIVED OR POSTMARKED BY:
ADJUDICATOR 5084	09/06/18	09/20/18

This determination resolves an unemployment eligibility issue. If you have questions about this determination contact the Claimant Assistance Line during business hours, or contact the department by mail or fax.

If you have questions about employer charges or want to notify the department of an additional issue(s), contact the Employer Assistance Line during business hours, or contact the department by mail or fax.

<p>Claimant Assistance Line: 414-435-7069</p> <p>Employer Assistance Line: 414-438-7705</p> <p>See https://dwd.wisconsin.gov/uiben/services.htm for hours of operation.</p>	<p>Wisconsin Unemployment Help Center</p> <p>P.O. Box 9001</p> <p>Menomonee Falls, WI 53052</p> <p>FAX: 608-260-3060</p>
--	--

If you intend to appeal, you must file an appeal by the date stated on the front side of this determination regardless of whether you have been able to reach the department by telephone, mail, or fax.

HOW TO FILE AN APPEAL

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL. An appeal is a request for a hearing before an Administrative Law Judge. You must submit a separate request for each determination you want to appeal.

To be timely, your appeal must be received or postmarked by the last appeal date shown on the front of this determination. If filing by fax or online, your appeal **must be received by midnight (Central Time).**

Filing by mail or fax include:

- * A copy of the determination or the 9-digit ID number located in the upper left-hand corner
- * Claimant name and social security number
- * Indication if it is a claimant or employer appeal
- * Employer name and location where the work was performed
- * Representative name and address, if you have one
- * Dates and times when you and your witness(es) and/or representatives cannot attend a hearing
- * Any special needs such as an interpreter or other accommodations
- * Claimant, employer or representative signature and date signed

Appeals received or postmarked after the deadline **must** include a reason why you are filing late. The Administrative Law Judge will review the reason and determine whether a hearing will be held or will dismiss the appeal without a hearing and the determination will remain final.

WHERE TO FILE AN APPEAL

Online: **CLAIMANTS** <https://my.unemployment.wisconsin.gov>
EMPLOYERS <https://dwd.wisconsin.gov/uibola/onlineappeal.htm>

Fax: 608-266-8180

Mail: Madison Hearing Office
P.O. Box 7975
Madison, WI 53707

IMMEDIATELY START PREPARING FOR A HEARING SINCE HEARING NOTICES MAY BE MAILED ONLY 6 DAYS PRIOR TO THE SCHEDULED HEARING.

When an appeal is filed, read the online booklet, Attending an Unemployment Insurance Hearing, available for viewing and printing at <https://dwd.wisconsin.gov/dwd/publications/ui/hearing.htm>. **Read all information carefully.**

If you are the claimant, you must continue to file weekly claims while this determination is under appeal. If you have any questions, refer to the online Handbook for Claimants at <https://dwd.wisconsin.gov/uiben/handbook>.



SS # 000-00

UI LO #: 12
UI Acct. #:

DETERMINATION

|||||
SARAH V JAMIESON
5825 HIGHLAND TER
MIDDLETON WI 53562-1922

Issue Week: 02/14	Applicable
Week Ending: 01/11/14	Wisconsin Law: 108.04(2)(H); 108.04(12)(F)

FINDINGS AND DETERMINATION OF THE DEPUTY:

ERRONEOUS PAYMENT(S) WERE NOT THE RESULT OF DEPARTMENTAL ERROR AND/OR THEY WERE THE RESULT OF THE CLAIMANT'S FAILURE TO PROVIDE CORRECT AND COMPLETE INFORMATION TO THE DEPARTMENT.

THE DEPARTMENT MAY ISSUE A WARRANT TO SECURE THE DEBT FOR THE STATE OF WISCONSIN. A WARRANT IS A PUBLIC RECORD OF A LIEN ON YOUR PROPERTY AND MAY AFFECT YOUR CREDIT RATING.

DEPUTY	DATE MAILED	DECISION FINAL UNLESS A WRITTEN APPEAL IS RECEIVED OR POSTMARKED BY:
ADJUDICATOR 5084	09/06/18	09/20/18

This determination resolves an unemployment eligibility issue. If you have questions about this determination contact the Claimant Assistance Line during business hours, or contact the department by mail or fax.

If you have questions about employer charges or want to notify the department of an additional issue(s), contact the Employer Assistance Line during business hours, or contact the department by mail or fax.

<p>Claimant Assistance Line: 414-435-7069</p> <p>Employer Assistance Line: 414-438-7705</p> <p>See https://dwd.wisconsin.gov/uiben/services.htm for hours of operation.</p>	<p>Wisconsin Unemployment Help Center</p> <p>P.O. Box 9001</p> <p>Menomonee Falls, WI 53052</p> <p>FAX: 608-260-3060</p>
--	--

If you intend to appeal, you must file an appeal by the date stated on the front side of this determination regardless of whether you have been able to reach the department by telephone, mail, or fax.

HOW TO FILE AN APPEAL

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL. An appeal is a request for a hearing before an Administrative Law Judge. You must submit a separate request for each determination you want to appeal.

To be timely, your appeal must be received or postmarked by the last appeal date shown on the front of this determination. If filing by fax or online, your appeal **must be received by midnight (Central Time)**.

Filing by mail or fax include:

- * A copy of the determination or the 9-digit ID number located in the upper left-hand corner
- * Claimant name and social security number
- * Indication if it is a claimant or employer appeal
- * Employer name and location where the work was performed
- * Representative name and address, if you have one
- * Dates and times when you and your witness(es) and/or representatives cannot attend a hearing
- * Any special needs such as an interpreter or other accommodations
- * Claimant, employer or representative signature and date signed

Appeals received or postmarked after the deadline **must** include a reason why you are filing late. The Administrative Law Judge will review the reason and determine whether a hearing will be held or will dismiss the appeal without a hearing and the determination will remain final.

WHERE TO FILE AN APPEAL

Online: **CLAIMANTS** <https://my.unemployment.wisconsin.gov>
EMPLOYERS <https://dwd.wisconsin.gov/uibola/onlineappeal.htm>

Fax: 608-266-8180

Mail: Madison Hearing Office
P.O. Box 7975
Madison, WI 53707

IMMEDIATELY START PREPARING FOR A HEARING SINCE HEARING NOTICES MAY BE MAILED ONLY 6 DAYS PRIOR TO THE SCHEDULED HEARING.

When an appeal is filed, read the online booklet, Attending an Unemployment Insurance Hearing, available for viewing and printing at <https://dwd.wisconsin.gov/dwd/publications/ui/hearing.htm>. **Read all information carefully.**

If you are the claimant, you must continue to file weekly claims while this determination is under appeal. If you have any questions, refer to the online Handbook for Claimants at <https://dwd.wisconsin.gov/uiben/handbook>.



SS # 000-00

UI LO #: 12
UI Acct. #:

DETERMINATION

|||||
SARAH V JAMIESON
5825 HIGHLAND TER
MIDDLETON WI 53562-1922

Issue Week: 34/15	Applicable
Week Ending: 08/22/15	Wisconsin Law: 108.04(2)(H); 108.04(12)(F)

FINDINGS AND DETERMINATION OF THE DEPUTY:

THE CLAIMANT IS RECEIVING SOCIAL SECURITY DISABILITY PAYMENTS.
THE CLAIMANT CANNOT RECEIVE SOCIAL SECURITY DISABILITY PAYMENTS AND
UNEMPLOYMENT INSURANCE BENEFITS CONCURRENTLY.

EFFECT

BENEFITS ARE DENIED WHILE THE CLAIMANT IS RECEIVING SOCIAL SECURITY
DISABILITY PAYMENTS.

IF YOU ARE NO LONGER RECEIVING SSDI, YOU MUST PROVIDE DOCUMENTATION
OF THIS FROM THE SOCIAL SECURITY ADMINISTRATION.

IF YOU ARE NO LONGER RECEIVING SSDI, CALL 1-414-435-7069. YOU MUST PROVIDE
DOCUMENTATION OF THIS FROM THE SOCIAL SECURITY ADMINISTRATION.

THIS DECISION RESULTS IN AN OVERPAYMENT OF \$833.00, OF WHICH \$64.00 IS
INCLUDED IN THE OVERPAYMENT AMOUNT SET FORTH BY FORM UCB-37, NOTICE OF
BENEFIT OVERPAYMENT.

THE CLAIMANT IS REQUIRED TO REPAY \$ 769.00 AS A RESULT OF THIS
DECISION. REPAYMENT INSTRUCTIONS WILL BE MAILED TO THE CLAIMANT
AFTER THIS DECISION IS FINAL.

THE DEPARTMENT WILL WITHHOLD BENEFITS DUE FOR FUTURE WEEKS OF
UNEMPLOYMENT TO OFFSET OVERPAYMENTS OF UI AND OTHER SPECIAL BENEFIT
PROGRAMS FROM THIS STATE, FROM ANOTHER STATE, OR FROM THE FEDERAL
GOVERNMENT.

CONTACT THE UNEMPLOYMENT INSURANCE DIVISION, COLLECTIONS UNIT,
PO BOX 7888, MADISON WI 53707, TO ESTABLISH AN AGREEMENT TO REPAY THE
OVERPAYMENT.

RECOVERY OF THE OVERPAYMENT IS NOT WAIVED UNDER S. 108.22(8)(C) BECAUSE THE

DEPUTY	DATE MAILED	DECISION FINAL UNLESS A WRITTEN APPEAL IS RECEIVED OR POSTMARKED BY:
ADJUDICATOR 5084	09/01/18	09/17/18

This determination resolves an unemployment eligibility issue. If you have questions about this determination contact the Claimant Assistance Line during business hours, or contact the department by mail or fax.

If you have questions about employer charges or want to notify the department of an additional issue(s), contact the Employer Assistance Line during business hours, or contact the department by mail or fax.

<p>Claimant Assistance Line: 414-435-7069</p> <p>Employer Assistance Line: 414-438-7705</p> <p>See https://dwd.wisconsin.gov/uiben/services.htm for hours of operation.</p>	<p>Wisconsin Unemployment Help Center</p> <p>P.O. Box 9001</p> <p>Menomonee Falls, WI 53052</p> <p>FAX: 608-260-3060</p>
--	--

If you intend to appeal, you must file an appeal by the date stated on the front side of this determination regardless of whether you have been able to reach the department by telephone, mail, or fax.

HOW TO FILE AN APPEAL

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL. An appeal is a request for a hearing before an Administrative Law Judge. You must submit a separate request for each determination you want to appeal.

To be timely, your appeal must be received or postmarked by the last appeal date shown on the front of this determination. If filing by fax or online, your appeal **must be received by midnight (Central Time)**.

Filing by mail or fax include:

- * A copy of the determination or the 9-digit ID number located in the upper left-hand corner
- * Claimant name and social security number
- * Indication if it is a claimant or employer appeal
- * Employer name and location where the work was performed
- * Representative name and address, if you have one
- * Dates and times when you and your witness(es) and/or representatives cannot attend a hearing
- * Any special needs such as an interpreter or other accommodations
- * Claimant, employer or representative signature and date signed

Appeals received or postmarked after the deadline **must** include a reason why you are filing late. The Administrative Law Judge will review the reason and determine whether a hearing will be held or will dismiss the appeal without a hearing and the determination will remain final.

WHERE TO FILE AN APPEAL

Online: **CLAIMANTS** <https://my.unemployment.wisconsin.gov>
EMPLOYERS <https://dwd.wisconsin.gov/uibola/onlineappeal.htm>

Fax: 608-266-8180

Mail: Madison Hearing Office
P.O. Box 7975
Madison, WI 53707

IMMEDIATELY START PREPARING FOR A HEARING SINCE HEARING NOTICES MAY BE MAILED ONLY 6 DAYS PRIOR TO THE SCHEDULED HEARING.

When an appeal is filed, read the online booklet, Attending an Unemployment Insurance Hearing, available for viewing and printing at <https://dwd.wisconsin.gov/dwd/publications/ui/hearing.htm>. **Read all information carefully.**

If you are the claimant, you must continue to file weekly claims while this determination is under appeal. If you have any questions, refer to the online Handbook for Claimants at <https://dwd.wisconsin.gov/uiben/handbook>.



SS # 000-00

UI LO #: 12
UI Acct. #:

DETERMINATION

|||||
SARAH V JAMIESON
5825 HIGHLAND TER
MIDDLETON WI 53562-1922

Issue Week: 34/15	Applicable
Week Ending: 08/22/15	Wisconsin Law: 108.04(2)(H); 108.04(12)(F)

FINDINGS AND DETERMINATION OF THE DEPUTY:

ERRONEOUS PAYMENT(S) WERE NOT THE RESULT OF DEPARTMENTAL ERROR AND/OR THEY WERE THE RESULT OF THE CLAIMANT'S FAILURE TO PROVIDE CORRECT AND COMPLETE INFORMATION TO THE DEPARTMENT.

THE DEPARTMENT MAY ISSUE A WARRANT TO SECURE THE DEBT FOR THE STATE OF WISCONSIN. A WARRANT IS A PUBLIC RECORD OF A LIEN ON YOUR PROPERTY AND MAY AFFECT YOUR CREDIT RATING.

DEPUTY	DATE MAILED	DECISION FINAL UNLESS A WRITTEN APPEAL IS RECEIVED OR POSTMARKED BY:
ADJUDICATOR 5084	09/01/18	09/17/18

This determination resolves an unemployment eligibility issue. If you have questions about this determination contact the Claimant Assistance Line during business hours, or contact the department by mail or fax.

If you have questions about employer charges or want to notify the department of an additional issue(s), contact the Employer Assistance Line during business hours, or contact the department by mail or fax.

<p>Claimant Assistance Line: 414-435-7069</p> <p>Employer Assistance Line: 414-438-7705</p> <p>See https://dwd.wisconsin.gov/uiben/services.htm for hours of operation.</p>	<p>Wisconsin Unemployment Help Center</p> <p>P.O. Box 9001</p> <p>Menomonee Falls, WI 53052</p> <p>FAX: 608-260-3060</p>
--	--

If you intend to appeal, you must file an appeal by the date stated on the front side of this determination regardless of whether you have been able to reach the department by telephone, mail, or fax.

HOW TO FILE AN APPEAL

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL. An appeal is a request for a hearing before an Administrative Law Judge. You must submit a separate request for each determination you want to appeal.

To be timely, your appeal must be received or postmarked by the last appeal date shown on the front of this determination. If filing by fax or online, your appeal **must be received by midnight (Central Time).**

Filing by mail or fax include:

- * A copy of the determination or the 9-digit ID number located in the upper left-hand corner
- * Claimant name and social security number
- * Indication if it is a claimant or employer appeal
- * Employer name and location where the work was performed
- * Representative name and address, if you have one
- * Dates and times when you and your witness(es) and/or representatives cannot attend a hearing
- * Any special needs such as an interpreter or other accommodations
- * Claimant, employer or representative signature and date signed

Appeals received or postmarked after the deadline **must** include a reason why you are filing late. The Administrative Law Judge will review the reason and determine whether a hearing will be held or will dismiss the appeal without a hearing and the determination will remain final.

WHERE TO FILE AN APPEAL

Online: **CLAIMANTS** <https://my.unemployment.wisconsin.gov>
EMPLOYERS <https://dwd.wisconsin.gov/uibola/onlineappeal.htm>

Fax: 608-266-8180

Mail: Madison Hearing Office
P.O. Box 7975
Madison, WI 53707

IMMEDIATELY START PREPARING FOR A HEARING SINCE HEARING NOTICES MAY BE MAILED ONLY 6 DAYS PRIOR TO THE SCHEDULED HEARING.

When an appeal is filed, read the online booklet, Attending an Unemployment Insurance Hearing, available for viewing and printing at <https://dwd.wisconsin.gov/dwd/publications/ui/hearing.htm>. **Read all information carefully.**

If you are the claimant, you must continue to file weekly claims while this determination is under appeal. If you have any questions, refer to the online Handbook for Claimants at <https://dwd.wisconsin.gov/uiben/handbook>.



SS # 000-00 [REDACTED]

UI LO #: 12
UI Acct. #:

DETERMINATION

|||||
SARAH V JAMIESON
5825 HIGHLAND TER
MIDDLETON WI 53562-1922

Issue Week: 34/16	Applicable
Week Ending: 08/20/16	Wisconsin Law: 108.04(2)(H); 108.04(12)(F)

FINDINGS AND DETERMINATION OF THE DEPUTY:

THE CLAIMANT IS RECEIVING SOCIAL SECURITY DISABILITY PAYMENTS.
THE CLAIMANT CANNOT RECEIVE SOCIAL SECURITY DISABILITY PAYMENTS AND
UNEMPLOYMENT INSURANCE BENEFITS CONCURRENTLY.

EFFECT

BENEFITS ARE DENIED WHILE THE CLAIMANT IS RECEIVING SOCIAL SECURITY
DISABILITY PAYMENTS.

IF YOU ARE NO LONGER RECEIVING SSDI, YOU MUST PROVIDE DOCUMENTATION
OF THIS FROM THE SOCIAL SECURITY ADMINISTRATION.

IF YOU ARE NO LONGER RECEIVING SSDI, CALL 1-414-435-7069. YOU MUST PROVIDE
DOCUMENTATION OF THIS FROM THE SOCIAL SECURITY ADMINISTRATION.

THIS DECISION RESULTS IN AN OVERPAYMENT OF \$1,772.00, OF WHICH \$438.00 IS
INCLUDED IN THE OVERPAYMENT AMOUNT SET FORTH BY FORM UCB-37, NOTICE OF
BENEFIT OVERPAYMENT.

THE CLAIMANT IS REQUIRED TO REPAY \$ 1334.00 AS A RESULT OF THIS
DECISION. REPAYMENT INSTRUCTIONS WILL BE MAILED TO THE CLAIMANT
AFTER THIS DECISION IS FINAL.

THE DEPARTMENT WILL WITHHOLD BENEFITS DUE FOR FUTURE WEEKS OF
UNEMPLOYMENT TO OFFSET OVERPAYMENTS OF UI AND OTHER SPECIAL BENEFIT
PROGRAMS FROM THIS STATE, FROM ANOTHER STATE, OR FROM THE FEDERAL
GOVERNMENT.

CONTACT THE UNEMPLOYMENT INSURANCE DIVISION, COLLECTIONS UNIT,
PO BOX 7888, MADISON WI 53707, TO ESTABLISH AN AGREEMENT TO REPAY THE
OVERPAYMENT.

RECOVERY OF THE OVERPAYMENT IS NOT WAIVED UNDER S. 108.22(8)(C) BECAUSE THE

DEPUTY	DATE MAILED	DECISION FINAL UNLESS A WRITTEN APPEAL IS RECEIVED OR POSTMARKED BY:
ADJUDICATOR 5084	08/18/18	09/04/18

This determination resolves an unemployment eligibility issue. If you have questions about this determination contact the Claimant Assistance Line during business hours, or contact the department by mail or fax.

If you have questions about employer charges or want to notify the department of an additional issue(s), contact the Employer Assistance Line during business hours, or contact the department by mail or fax.

<p>Claimant Assistance Line: 414-435-7069</p> <p>Employer Assistance Line: 414-438-7705</p> <p>See https://dwd.wisconsin.gov/uiben/services.htm for hours of operation.</p>	<p>Wisconsin Unemployment Help Center</p> <p>P.O. Box 9001</p> <p>Menomonee Falls, WI 53052</p> <p>FAX: 608-260-3060</p>
--	--

If you intend to appeal, you must file an appeal by the date stated on the front side of this determination regardless of whether you have been able to reach the department by telephone, mail, or fax.

HOW TO FILE AN APPEAL

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL. An appeal is a request for a hearing before an Administrative Law Judge. You must submit a separate request for each determination you want to appeal.

To be timely, your appeal must be received or postmarked by the last appeal date shown on the front of this determination. If filing by fax or online, your appeal **must be received by midnight (Central Time)**.

Filing by mail or fax include:

- * A copy of the determination or the 9-digit ID number located in the upper left-hand corner
- * Claimant name and social security number
- * Indication if it is a claimant or employer appeal
- * Employer name and location where the work was performed
- * Representative name and address, if you have one
- * Dates and times when you and your witness(es) and/or representatives cannot attend a hearing
- * Any special needs such as an interpreter or other accommodations
- * Claimant, employer or representative signature and date signed

Appeals received or postmarked after the deadline **must** include a reason why you are filing late. The Administrative Law Judge will review the reason and determine whether a hearing will be held or will dismiss the appeal without a hearing and the determination will remain final.

WHERE TO FILE AN APPEAL

Online: **CLAIMANTS** <https://my.unemployment.wisconsin.gov>
EMPLOYERS <https://dwd.wisconsin.gov/uibola/onlineappeal.htm>

Fax: 608-266-8180

Mail: Madison Hearing Office
P.O. Box 7975
Madison, WI 53707

IMMEDIATELY START PREPARING FOR A HEARING SINCE HEARING NOTICES MAY BE MAILED ONLY 6 DAYS PRIOR TO THE SCHEDULED HEARING.

When an appeal is filed, read the online booklet, Attending an Unemployment Insurance Hearing, available for viewing and printing at <https://dwd.wisconsin.gov/dwd/publications/ui/hearing.htm>. **Read all information carefully.**

If you are the claimant, you must continue to file weekly claims while this determination is under appeal. If you have any questions, refer to the online Handbook for Claimants at <https://dwd.wisconsin.gov/uiben/handbook>.



SS # 000-00

UI LO #: 12
UI Acct. #:

DETERMINATION

|||||
SARAH V JAMIESON
5825 HIGHLAND TER
MIDDLETON WI 53562-1922

Issue Week: 34/16	Applicable
Week Ending: 08/20/16	Wisconsin Law: 108.04(2)(H); 108.04(12)(F)

FINDINGS AND DETERMINATION OF THE DEPUTY:

ERRONEOUS PAYMENT(S) WERE NOT THE RESULT OF DEPARTMENTAL ERROR AND/OR THEY WERE THE RESULT OF THE CLAIMANT'S FAILURE TO PROVIDE CORRECT AND COMPLETE INFORMATION TO THE DEPARTMENT.

THE DEPARTMENT MAY ISSUE A WARRANT TO SECURE THE DEBT FOR THE STATE OF WISCONSIN. A WARRANT IS A PUBLIC RECORD OF A LIEN ON YOUR PROPERTY AND MAY AFFECT YOUR CREDIT RATING.

DEPUTY	DATE MAILED	DECISION FINAL UNLESS A WRITTEN APPEAL IS RECEIVED OR POSTMARKED BY:
ADJUDICATOR 5084	08/18/18	09/04/18

This determination resolves an unemployment eligibility issue. If you have questions about this determination contact the Claimant Assistance Line during business hours, or contact the department by mail or fax.

If you have questions about employer charges or want to notify the department of an additional issue(s), contact the Employer Assistance Line during business hours, or contact the department by mail or fax.

<p>Claimant Assistance Line: 414-435-7069</p> <p>Employer Assistance Line: 414-438-7705</p> <p>See https://dwd.wisconsin.gov/uiben/services.htm for hours of operation.</p>	<p>Wisconsin Unemployment Help Center</p> <p>P.O. Box 9001</p> <p>Menomonee Falls, WI 53052</p> <p>FAX: 608-260-3060</p>
--	--

If you intend to appeal, you must file an appeal by the date stated on the front side of this determination regardless of whether you have been able to reach the department by telephone, mail, or fax.

HOW TO FILE AN APPEAL

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL. An appeal is a request for a hearing before an Administrative Law Judge. You must submit a separate request for each determination you want to appeal.

To be timely, your appeal must be received or postmarked by the last appeal date shown on the front of this determination. If filing by fax or online, your appeal **must be received by midnight (Central Time)**.

Filing by mail or fax include:

- * A copy of the determination or the 9-digit ID number located in the upper left-hand corner
- * Claimant name and social security number
- * Indication if it is a claimant or employer appeal
- * Employer name and location where the work was performed
- * Representative name and address, if you have one
- * Dates and times when you and your witness(es) and/or representatives cannot attend a hearing
- * Any special needs such as an interpreter or other accommodations
- * Claimant, employer or representative signature and date signed

Appeals received or postmarked after the deadline **must** include a reason why you are filing late. The Administrative Law Judge will review the reason and determine whether a hearing will be held or will dismiss the appeal without a hearing and the determination will remain final.

WHERE TO FILE AN APPEAL

Online: **CLAIMANTS** <https://my.unemployment.wisconsin.gov>
EMPLOYERS <https://dwd.wisconsin.gov/uibola/onlineappeal.htm>

Fax: 608-266-8180

Mail: Madison Hearing Office
P.O. Box 7975
Madison, WI 53707

IMMEDIATELY START PREPARING FOR A HEARING SINCE HEARING NOTICES MAY BE MAILED ONLY 6 DAYS PRIOR TO THE SCHEDULED HEARING.

When an appeal is filed, read the online booklet, Attending an Unemployment Insurance Hearing, available for viewing and printing at <https://dwd.wisconsin.gov/dwd/publications/ui/hearing.htm>. **Read all information carefully.**

If you are the claimant, you must continue to file weekly claims while this determination is under appeal. If you have any questions, refer to the online Handbook for Claimants at <https://dwd.wisconsin.gov/uiben/handbook>.



SS # 000-00

UI LO #: 05
UI Acct. #:

DETERMINATION

|||||
SARAH V JAMIESON
5825 HIGHLAND TER
MIDDLETON WI 53562-1922

Issue Week: 06/20	Applicable
Week Ending: 02/08/20	Wisconsin Law: 108.04(2)(H); 108.04(12)(F)

FINDINGS AND DETERMINATION OF THE DEPUTY:

THE CLAIMANT REPORTED RECEIVING SOCIAL SECURITY DISABILITY PAYMENTS.
THE CLAIMANT CANNOT RECEIVE SOCIAL SECURITY DISABILITY PAYMENTS AND
UNEMPLOYMENT INSURANCE BENEFITS CONCURRENTLY.

EFFECT

BENEFITS ARE DENIED WHILE THE CLAIMANT IS RECEIVING SOCIAL SECURITY
DISABILITY PAYMENTS.

IF YOU ANSWERED IN ERROR, OR YOUR CIRCUMSTANCES HAVE CHANGED, CALL
1-414-435-7069.

Deputy ADJUDICATOR 0211	Dated 04/01/20	Decision final unless an appeal is received or postmarked by: 04/15/20
-----------------------------------	--------------------------	---

This determination resolves an unemployment eligibility issue. If you have questions about this determination contact the Claimant Assistance Line during business hours, or contact the department by mail or fax.

If you have questions about employer charges or want to notify the department of an additional issue(s), contact the Employer Assistance Line during business hours, or contact the department by mail or fax.

<p>Claimant Assistance Line: (414) 435-7069</p> <p>Employer Assistance Line: (414) 438-7705</p> <p>See https://dwd.wisconsin.gov/uiben/services.htm for hours of operation.</p>	<p>Wisconsin Unemployment Help Center</p> <p>P.O. Box 9001</p> <p>Menomonee Falls, WI 53052</p> <p>FAX: (608) 260-3060</p>
--	--

If you intend to appeal, you must file an appeal by the date stated on the front side of this determination regardless of whether you have been able to reach the department by telephone, mail, or fax.

HOW TO FILE AN APPEAL

IF YOU DISAGREE WITH THIS DETERMINATION, YOU HAVE THE RIGHT TO FILE AN APPEAL. An appeal is a request for a hearing before the Appeal Tribunal. You must submit a separate request for each determination you want to appeal.

To be timely, your appeal must be received or postmarked by the last appeal date shown on the front of this determination. If filing by fax or online, your appeal **must be received by midnight (Central Time)**.

Filing by mail or fax include:

- * A copy of the determination or the 9-digit ID number located in the upper left-hand corner
- * Claimant name and social security number
- * Indication if it is a claimant or employer appeal
- * Employer name and location where the work was performed
- * Representative name and address, if you have one
- * Dates and times when you and your witness(es) and/or representatives cannot attend a hearing
- * Any special needs such as an interpreter or other accommodations
- * Claimant, employer or representative signature and date signed

Appeals received or postmarked after the deadline **must** include a reason why you are filing late. The Appeal Tribunal will review the reason and determine whether a hearing will be held or will dismiss the appeal without a hearing and the determination will remain final.

WHERE TO FILE AN APPEAL

Online: **CLAIMANTS** <https://my.unemployment.wisconsin.gov>
EMPLOYERS <https://dwd.wisconsin.gov/ui/sides>

Fax: (608) 327-6498

Mail: Madison Hearing Office
P.O. Box 7975
Madison, WI 53707

IMMEDIATELY START PREPARING FOR A HEARING SINCE HEARING NOTICES MAY BE MAILED ONLY 6 DAYS PRIOR TO THE SCHEDULED HEARING.

When an appeal is filed, read the online booklet, Attending an Unemployment Insurance Hearing, available for viewing and printing at <https://dwd.wisconsin.gov/dwd/publications/ui/hearing.htm>. **Read all information carefully.**

If you are the claimant, you must continue to file weekly claims while this determination is under appeal. If you have any questions, refer to the online Handbook for Claimants at <https://dwd.wisconsin.gov/uiben/handbook>.